

QUALITY CONTROL REVIEW SCHEDULE

(For Optional State Use)

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I. REVIEW SUMMARY

1. Review Number	1a. Case Number	2. State and Local Agency Codes	3. Sample Month and Year	4. Stratum
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
5. Disposition	6. Review Finding	7. Amount of Error	8. Coupon Allotment	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

II. HOUSEHOLD CHARACTERISTICS

9. Most Recent Opening - Reserved	9a. Prior Assistance - Reserved	10. Most Recent Action	11. Type of Action	12. # of Case Members	13. Liquid Assets	14. Real Property (Exclude Home)	15. Countable Vehicle Assets	16. Other Non-Liquid Assets		
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
17. Case Classification	18. Months in Cert. Period	18a. Sample Month in Cert. - Reserved	19. Exped. Service	20. Auth. Rep.	21. Gross Countable Income	22. Earned Income Deduction	23. Medical Cost	24. Shelter Cost - Reserved	25. Total Value of Dependent Care Cost Deduction	26. Net Countable Income
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
27. Form of Benefit - Reserved	28. Homeless	29a. Vehicle	30a. Value of Vehicle - Reserved	31a. Equity of Vehicle - Reserved	29b. Vehicle	30b. Value of Vehicle - Reserved	31b. Equity of Vehicle - Reserved			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
32. Standard Utility Allowance	33. Child Support Payment Deduction	34. Rent/Mortgage	35. Shelter Deduction Amount	36. Actual Utility Costs	37. SUA Amount -Reserved	38. Allotment Adjustment	39. Amount			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

III. DETAILED PERSON - LEVEL INFORMATION

IV. TOTAL HOUSEHOLD INCOME BY HOUSEHOLD MEMBER AND TYPE AND AMOUNT OF INCOME

54.	55.	56.	57.	58.	59.	60.	61.	62.
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Person	Type of	Amount	Person	Type of	Amount	Person	Type of	Amount

REVIEW NUMBER	(For Optional State Use)
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V. DETAILED ERROR FINDINGS

63. Error Finding	64. Element	65. Nature Code	66. Agency or Client	67. Dollar Amount	68. Discovery	69. Verification	70. Occurrence	
							Date	Time Period

71a. Handled as an Earned Income Case	71b. Timeliness of Application Processing (Expedited & 30 Day Requirements)	72a. Handled as a Case Containing Non-Citizens	72b. Reserved	73a. Reporting System	73b. Categorical Eligibility Status

VI. OPTIONAL - FOR STATE SYSTEMS ONLY

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3.
4.